



IDAHO DEPARTMENT OF HEALTH & WELFARE

JAMES E. RISCH – Governor
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BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 19, 2006

FILE COPY

Earl Fitzpatrick, Administrator
Gooding County Memorial Hospital
PO Box 418
Gooding, ID 83330

Dear Mr. Fitzpatrick:

This is to advise you of the findings of the Medicare/State Licensure fire safety survey conducted at Gooding County Memorial Hospital on October 11, 2006.

Enclosed is the Statement of Deficiencies/Plan of Correction, form CMS-2567, and a copy of the State fire safety Statement of Deficiencies/Plan of Correction form listing fire/life safety deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.

After you have answered and dated each deficiency, please sign and date each cover page in the spaces provided. Retain one (1) copy of each page and return the originals to this office by **November 1, 2006**.

Earl Fitzpatrick, Administrator
October 19, 2006
Page 2 of 2

Thank you for the courtesies extended to me during my visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mr. P' followed by a stylized flourish.

Mark Grimes, Supervisor
Facility Fire/Life Safety & Construction

MG/mlw

Enclosures



Idaho Department of Health and Welfare
Bureau of Facility Standards
Attn: Mark Grimes, Supervisor
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

10/25/06

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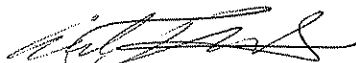
Dear Mr. Grimes

Gooding County Memorial Hospital appreciates the courtesy extended by our surveyors Mark Grimes and Eric Mundell. They were very helpful in their explanations and recommendations.

Attached you will find the deficiency report, with our action plan notations and dates. As you will see, many of the items have already been completed.

We have also completed many of the recommendations suggested and completed actions to improve hospital safety based on these recommendations. We thank you for your assistance.

Please feel free to call with any questions or clarification.


Earl Fitzpatrick
Chief Executive Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/17/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 10/11/2006
NAME OF PROVIDER OR SUPPLIER GOODING COUNTY MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1120 MONTANA ST GOODING, ID 83330		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS The hospital is a single story structure built in 1962 and is of non-combustible construction. Exterior walls are brick veneer; roof is built-up. The facility consists of in-patient services for fourteen (14) beds, a wing converted to a clinic, an attached physical therapy suite, and ancillary services. The hospital added a CT suite in 2000 and enclosed the exterior breezeway into an access corridor to the new CT suite. The following deficiencies were cited during the fire/life safety survey: The surveyors conducting the survey were: Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	K 000	Response to BB592: <i>(continued from prior)</i> Further, upon recommendation, the hospital has completed routing and connectivity of sprinkler systems to the LOx storage room as of 10/20/06. Mechanical ventilation (non-spark) to the room is also scheduled to be complete prior to 10/31/06	10/20/06 10/31/06	
K 011	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This Standard is not met as evidenced by:	K 011			

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Continued on next page

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 011	Continued From page 1 Based on observation the facility had not ensured that the integrity of a horizontal exit had been maintained. The findings include: Observation on October 11, 2006 at 11:19 a.m., disclosed that the integrity of the two-hour wall separating the office and hospital compartments had not been preserved to assure protection against smoke/heat penetration through the bulkhead. This condition was observed to affect two (2) of (2) compartments. The bulkhead above the tiled ceiling, located at the double doors and adjoining the hospital compartment, was not intact as the concrete building material had been punctured/broken through. The breach was caused by the installation of automatic fire sprinkler pipe and head within the hospital compartment on the opposite side of the 1-1/2 hour rated double doors. The double fire door set had not been maintained to securely latch to prevent the passage of smoke from one compartment to another. Failure to maintain the horizontal exit by grout/caulking materials and the latch, did not preserve the integrity of the two-hour separation between the office and hospital compartments.	K 011	Response to K011: <i>In regards to Hospital Smoke Compartment door latching:</i> In a review of the smoke compartment doors, it was found that the speed of the auto-close mechanism was insufficient to ensure secure latching. Plant Operations has manipulated the devise to increase speed and thereby assured appropriate latching and repeated this for all similar mechanisms throughout the facility. This was measured by repeat testing after change was completed. Additionally, Plant Operations will regularly check door operations as part and function of the departmental quarterly review. <i>In regards to Hospital smoke compartment barrier breach.</i> Plant Operations and Administration completed an assessment and mapping of all smoke barrier walls. All breaches were identified for corrective action. Plant operations purchased two cases of fire resistant calking (For completion of current need and future on hand use). All identified breaches have been filled and/or calked to ensure containment and appropriate separation.	10/13/06 10/16/06 12/11/06 10/19/06 10/18/06 10/23/06	
K 029	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from	K 029	A policy has been completed (to be approved by the Board Nov 7 th) requiring all departments to receive approval from Plant Operations prior to any renovations or piping throughout the facility. In this policy, plant operations will ensure the integrity of firewalls as part of their safety review.	11/7/06	

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If continuation sheet Page 3 of 5

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K 029	Continued From page 3 hazardous areas. Subsequently there was no separation between the corridor and hazardous areas.	K 029	Response to K029: <i>In regards to Laundry Room and Door:</i> <i>(Continued from previous page)</i> door open in the future.		
K 039	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured corridors remained unobstructed. The findings include: Observation on October 11, 2006 at 12:56 p.m., disclosed that soft drink (2) dispensers, a food vending machine and two dietary carts partially obstructed the hallway adjacent to the kitchen and dining room. The corridor was not maintained to the original corridor width and restricts the access to the exits that are marked for emergency use and are part of the evacuation plan, in addition to diminishing the level of life safety below that which existed prior to the placement of the obstructions.	K 039	3) The Laundry room has been reorganized to allow for appropriate storage of items and normal operations of the department without encumbering the door and its closure mechanism. 4) Door handle and latch have been installed in the door to ensure appropriate latching. 5) auto-closure hinges have been checked after installation of latching mechanism to ensure full closure occurs each time the door is opened. <i>In regards to the metal door to the Laundry/Maint corridor:</i> Door handle and latching mechanism has been ordered for this unique door. Installation will occur upon delivery. Auto Door closure devise has been reviewed and closure will be appropriate upon latching installation. Based on recommendations, the facility has also installed auto-closure devises on multiple doors throughout the facility, ensuring the safety and compartmentalization for the facility.	10/13/06 10/19/06 10/19/06 10/16/06 11/02/06 11/02/06 10/23/06	
K 054	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3	K 054	Response to K039: Continued to next page		

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FORM CMS-2567(02-99) Previous Versions Obsolete

Bureau of Facility Standards

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B 000	Initial Comments The following state deficiencies were cited at the facility during the State Licensure fire/life safety survey: The surveyors conducting the survey were: Mark Grimes, Supervisor Facility Fire/Life Safety and Construction Program Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	B 000		
BB161	16.03.14.510 Fire and Life Safety Standards Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to federal CMS deficiencies, K011, K029, K039 and K054 cited on the CMS 2587 survey form.	BB161		
BB592	16.03.14.600.03 Plans, Specifications, and Inspections 03. Plans, Specifications, and Inspections. Plans,	BB592		

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Response to BB161:

Please refer to responses to individual CMS deficiencies as noted on the attached form and deficiencies K011, K029, K039 & K054

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BB592	Continued From Page 1		BB592		
	<p>specifications, and inspections of any new facility construction or any addition, conversion, or remodeling of an existing structure shall be governed by the following: (10-14-88)</p> <p>a. Plans for new construction, additions, conversions, and/or remodels shall be prepared by or executed under the supervision of an architect or engineer licensed in the state of Idaho. This requirement can be waived by the Department in connection with minor alterations provided the alterations comply with all construction requirements. (10-14-88)</p> <p>b. Prior to commencing work pertaining to construction of a new building, any addition or structural changes to existing facilities, or conversion of existing buildings to be used as a hospital, plans and specifications shall be submitted to, and approved by, the Department. (10-14-88)</p> <p>c. Preliminary plans shall be submitted and shall include at least the following: (10-14-88)</p> <p>i. The assignment of all spaces, size of areas and rooms, and indicate in out line the fixed equipment; and (10-14-88)</p> <p>ii. Drawings of each floor including, but not limited to, the basement, approach or site plan, roads, parking areas, and sidewalks; and (10-14-88)</p> <p>iii. The total floor area and number of beds; and (10-14-88)</p> <p>iv. Outline specifications describing the general construction, including interior finishes, acoustical material, and HVAC; and (10-14-88)</p> <p>10-14-88 shall be drawn to scale of sufficient size</p>				

Continued on next page

Bureau of Facility Standards

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BB592	<p>Continued From Page 2</p> <p>to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch to one (1) foot. (10-14-88)</p> <p>d. Before commencement of construction, working drawings shall be developed in close cooperation and with approval of the Department and other appropriate agencies, and: (10-14-88)</p> <p>i. The drawings and specifications shall be well prepared and of accurate dimensions and shall include all necessary explanatory notes, schedules, and legends. They shall be stamped with the architect's or engineer's seal; and (10-14-88)</p> <p>ii. The drawings shall be complete and adequate for contract purposes. (10-14-88)</p> <p>e. Prior to occupancy, the construction shall be inspected and approved by the Department. The Department shall be notified at least two (2) weeks prior to completion in order to schedule a final inspection. (10-14-88)</p> <p>This Rule is not met as evidenced by: Based on observation and staff interview, it was determined the facility had not ensured the oxygen room was used in a manner as originally designated with subsequent approval by this office. The findings include:</p> <p>Observation on October 11, 2006, disclosed that the oxygen storage room, formerly used as a central supply to store a small number of compressed oxygen cylinders, had been converted to a liquid oxygen piped gas system arrangement. The liquid oxygen (LOX) was piped from the room into the building. The oxygen storage capacity had been increased to at</p>	BB592		

Continued on next page

Figure 1. The effect of the concentration of the Fe^{2+} solution on the adsorption of Fe^{3+} by the Fe^{2+} -loaded adsorbent. The concentration of the Fe^{2+} solution was 0.01, 0.02, 0.03, 0.04, 0.05, 0.06, 0.07, 0.08, 0.09, 0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, 7.0, 8.0, 9.0, 10.0, 20.0, 30.0, 40.0, 50.0, 60.0, 70.0, 80.0, 90.0, 100.0, 200.0, 300.0, 400.0, 500.0, 600.0, 700.0, 800.0, 900.0, 1000.0, 2000.0, 3000.0, 4000.0, 5000.0, 6000.0, 7000.0, 8000.0, 9000.0, 10000.0, 20000.0, 30000.0, 40000.0, 50000.0, 60000.0, 70000.0, 80000.0, 90000.0, 100000.0, 200000.0, 300000.0, 400000.0, 500000.0, 600000.0, 700000.0, 800000.0, 900000.0, 1000000.0, 2000000.0, 3000000.0, 4000000.0, 5000000.0, 6000000.0, 7000000.0, 8000000.0, 9000000.0, 10000000.0, 20000000.0, 30000000.0, 40000000.0, 50000000.0, 60000000.0, 70000000.0, 80000000.0, 90000000.0, 100000000.0, 200000000.0, 300000000.0, 400000000.0, 500000000.0, 600000000.0, 700000000.0, 800000000.0, 900000000.0, 1000000000.0, 2000000000.0, 3000000000.0, 4000000000.0, 5000000000.0, 6000000000.0, 7000000000.0, 8000000000.0, 9000000000.0, 10000000000.0, 20000000000.0, 30000000000.0, 40000000000.0, 50000000000.0, 60000000000.0, 70000000000.0, 80000000000.0, 90000000000.0, 100000000000.0, 200000000000.0, 300000000000.0, 400000000000.0, 500000000000.0, 600000000000.0, 700000000000.0, 800000000000.0, 900000000000.0, 1000000000000.0, 2000000000000.0, 3000000000000.0, 4000000000000.0, 5000000000000.0, 6000000000000.0, 7000000000000.0, 8000000000000.0, 9000000000000.0, 10000000000000.0, 20000000000000.0, 30000000000000.0, 40000000000000.0, 50000000000000.0, 60000000000000.0, 70000000000000.0, 80000000000000.0, 90000000000000.0, 100000000000000.0, 200000000000000.0, 300000000000000.0, 400000000000000.0, 500000000000000.0, 600000000000000.0, 700000000000000.0, 800000000000000.0, 900000000000000.0, 1000000000000000.0, 2000000000000000.0, 3000000000000000.0, 4000000000000000.0, 5000000000000000.0, 6000000000000000.0, 7000000000000000.0, 8000000000000000.0, 9000000000000000.0, 10000000000000000.0, 20000000000000000.0, 30000000000000000.0, 40000000000000000.0, 50000000000000000.0, 60000000000000000.0, 70000000000000000.0, 80000000000000000.0, 90000000000000000.0, 100000000000000000.0, 200000000000000000.0, 300000000000000000.0, 400000000000000000.0, 500000000000000000.0, 600000000000000000.0, 700000000000000000.0, 800000000000000000.0, 900000000000000000.0, 1000000000000000000.0, 2000000000000000000.0, 3000000000000000000.0, 4000000000000000000.0, 5000000000000000000.0, 6000000000000000000.0, 7000000000000000000.0, 8000000000000000000.0, 9000000000000000000.0, 10000000000000000000.0, 20000000000000000000.0, 30000000000000000000.0, 40000000000000000000.0, 50000000000000000000.0, 60000000000000000000.0, 70000000000000000000.0, 80000000000000000000.0, 90000000000000000000.0, 100000000000000000000.0, 200000000000000000000.0, 300000000000000000000.0, 400000000000000000000.0, 500000000000000000000.0, 600000000000000000000.0, 700000000000000000000.0, 800000000000000000000.0, 900000000000000000000.0, 1000000000000000000000.0, 2000000000000000000000.0, 3000000000000000000000.0, 4000000000000000000000.0, 5000000000000000000000.0, 6000000000000000000000.0, 7000000000000000000000.0, 8000000000000000000000.0, 9000000000000000000000.0, 10000000000000000000000.0, 20000000000000000000000.0, 30000000000000000000000.0, 40000000000000000000000.0, 50000000000000000000000.0, 60000000000000000000000.0, 70000000000000000000000.0, 80000000000000000000000.0, 90000000000000000000000.0, 100000000000000000000000.0, 200000000000000000000000.0, 300000000000000000000000.0, 400000000000000000000000.0, 500000000000000000000000.0, 600000000000000000000000.0, 700000000000000000000000.0, 800000000000000000000000.0, 900000000000000000000000.0, 1000000000000000000000000.0, 2000000000000000000000000.0, 3000000000000000000000000.0, 4000000000000000000000000.0, 5000000000000000000000000.0, 6000000000000000000000000.0, 7000000000000000000000000.0, 8000000000000000000000000.0, 9000000000000000000000000.0, 10000000000000000000000000.0, 20000000000000000000000000.0, 30000000000000000000000000.